



## LAKE COUNTY Board of County Commissioners

ES-5.01.02  
Procedure

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**SUBJECT:** Safety Action Team

**APPROVED:** February 10, 2006

**EXPIRATION DATE:** This procedure remains in effect until superseded or cancelled.

**SUPERSEDES:** New

**ORIGINATOR:** Employee Services

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### **PURPOSE & SCOPE:**

The purpose of this document is to provide a written description of the Safety Action Team Procedures for Lake County. This document is an overview of the individual procedures which support the Safety Action Team.

### **REFERENCES:**

Lake County Safety Policy (LCC-68)  
Lake County Safety Program Procedure (ES-5.01.01)

### **APPLICABILITY:**

This procedure applies to Safety Action Team volunteers, which are employees of Lake County Board of County Commissioners (BCC) and representatives from other Lake County agencies covered by the County's Workers' Compensation and Property & Liability programs.

### **PROCEDURE:**

#### 1. Mission Statement

The Safety Action Team (SAT) was created to facilitate and improve the safety of all Lake County Employees and reduce the County's potential liability in the areas of employee work related injuries/illnesses, property damage and casualties.

#### 2. Goals and Objectives

The Safety Action Team will focus on the following goals and functions in order to meet the mission identified above.

- A. Review of Worker's Compensation Reports.
- B. Review of Property and Casualty Reports.
- C. Define, develop, implement, and evaluate Safety initiatives.
- D. Develop objectives and action plans for each action item and task initiated.

3. Meeting Schedule

At a minimum, the Safety Action Team will meet monthly. The Safety Action Team may decide that more frequent meetings may be necessary, and that ad-hoc teams/activities may be also necessary.

4. Quorum Rules

A minimum 50% of the membership is required to be present in order to take a vote or hold a meeting. Resolutions and process directions are passed by a majority vote.

5. Membership

Membership on the Safety Action Team will be for approximately a twelve month period. Each individual is responsible for rotating off of the Safety Action Team at the designated frequency. At the time of rotation, they are responsible for identifying candidates for replacement. Their term may be extended if no replacement is identified, at the discretion of the Safety Action Team. The Safety Action Team has the right to identify and/or recommend a replacement.

The membership of the Safety Action Team is comprised of employees of Lake County Board of County Commissioners and representatives agencies covered by the County's Workers' Compensation and Property & Liability programs.

6. Attendance Requirements

Members are expected to attend each meeting. Members in good standing must personally attend at least 70% (4 meetings out of 6 consecutive meetings.) of the meetings held during a six month period.

Members who miss more than 70% of the meetings held during a six month period will be asked to find a replacement. A letter will be sent to the member and their respective supervisor and department director alerting them of the status of their membership and asking for a replacement.

7. Roles and Responsibilities

Chair - A representative from the Office of Employee Services (Generally the Training & Safety Specialist) will chair the Safety Action Team. The Chair will ensure the meeting agenda is completed and that assignments and commitments are achieved. The Chair shall encourage all members to promote the County's safety programs and initiatives back at their respective departments/worksite, as well as throughout the County. The Chair will also be the technical mentor and coach of the committee by providing guidance in terms of regulatory requirements, technical resources and references, etc.

Members - Provide solutions to safety concerns, complete the functions and tasks necessary to fulfill the goals and objectives listed above, and actively participate in promoting workplace safety by leading and encouraging employee involvement.

## 8. Facilitation & Documents

- A. Meeting Agenda (*Attachment 1*) - The agenda will be prepared by the Chair prior to the monthly meeting and a copy will be e-mailed to the Safety Action Team (SAT) members before the scheduled meeting occurs.

SAT members or any Lake County employee can contact the Chair or SAT member to recommend a discussion topic be placed on the agenda.

The following information will be included on the agenda:

- 1) Date, Time and Location of Meeting
- 2) Review of previous SAT Minutes
- 3) Review of previous month's Injury/Illness Investigation Forms
- 4) Review of previous month's Property Damage Investigation Forms
- 5) Review of Action Items
- 6) Topics for Discussion
- 7) Date, Time and Location of next Meeting

- B. Member Sign In Sheet (*Attachment 2*) - A member sign in sheet will be maintained by the Chair and made available to the members to sign at the beginning of each meeting.

The following information will be included on the Sign In Sheet:

- 1) Date and Location of Meeting
- 2) Organization Name
- 3) Name of SAT Member
- 4) Space for SAT Member Signature
- 5) Dates of Rotation On & Off the Team

- C. Meeting minutes (*Attachment 3*) - Minutes will be taken at each meeting and such minutes shall include the following:

- 1) Members in attendance.
- 2) Distribution of the previous meetings minutes. (Minutes will also be distributed following each meeting via e-mail to the SAT members,

County Manager, BCC Directors and the Webmaster. The Webmaster will post the minutes on the Employee Services intranet page.)

- 3) Status and list of each member's action items, including item description, date opened, date due, summary as to the percentage of completion, and activity description.
- 4) Status of any other action items, including name of the originator, responsible individual, item description date open, date due, and summary of status.
- 5) Old and new issues or items discussed.

To facilitate each meeting the Chair will be responsible to ensure that the minutes are complete, accurate and submitted on a timely basis.

- D. The Injury/Illness Investigation Form (*Attachment 4*) – The Injury/Illness Investigation Form will be prepared by the Chair as information from Injury/Illness reports is obtained prior to a scheduled meeting. The Injury/Illness Investigation form's information will be used to discuss Illnesses and injuries from the past month at the monthly SAT meeting. Employee names shall not be used during the discussion.

The following information will be included on the Injury/Illness Investigation Form:

- A. Date and Time of Incident
- B. Date Incident was First Reported
- C. Occupation and Department of Employee (Name of employee not required on this report.)
- D. Place of Incident
- E. Injury/Illness that Occurred
- F. Part of Body Affected
- G. Employee Statements
- H. Witness Statements
- I. Supervisor Investigation

Employee Services may require more information than the Injury/Illness Reports provide. An investigation can be initiated if Employee Services deems it necessary because of information either contained or lacking in the original reports. An Employee Services employee will conduct an investigation to gather more information.

The following Information will be added to the Injury/Illness Investigation Form if an investigation is performed:

- A. Person conducting the investigation
  - B. Date Investigation was completed
  - C. Description of the incident scene (location, condition etc)
  - D. List of any equipment involved in the incident
  - E. Description of the type of work the employee was performing at the time of the incident
  - F. List any procedures used to performed the job
  - G. Other Information/Comments that pertain to the investigation
  - H. Employee Interview (Name of employee not required on this report!)
  - I. Witness Information (Name of witness not required on this report!)
  - J. Other personnel interviewed (Name of other employee not required on this report!)
  - K. Findings and conclusion(s) about incident
  - L. Document Corrective Action/s
- E. Property Damage Investigation Form (Attachment 5) - The Property Damage Investigation Form will be prepared by the Chair as information is obtained prior to a scheduled meeting. The Property Damage Investigation form's information will be used to discuss property damage from the past month at the monthly SAT meeting. Employee names shall not be used during the discussion.

The following information will be included on the Property Damage Form:

- A. Date and Time of the Incident
- B. Date and Time of the Investigation
- C. Job Title and Department of Employee (Name of employee not required on this report!)
- D. Specific Location of Incident
- E. Type of Damage
- F. Employee and Witness Statements
- G. Supervisor Investigation
- H. Supervisor Corrective Action

Employee Services may require more information than the Property Damage Reports provide. An investigation can be initiated if Employee Services deems it necessary because of information either contained or lacking in the original reports. An Employee Services employee will conduct an investigation to gather more information.

The following Information will be added to the Property Damage Investigation Form if an investigation is performed:

- A. Person conducting investigation
  - B. Date Investigation completed
  - C. Describe the incident scene (location, condition etc)
  - D. List any equipment involved in the incident
  - E. Describe the type of work the employee was performing
  - F. List any procedures used to performed the job
  - G. Other Information/Comments
  - H. Employee Interview (Name of employee not required on this report.)
  - I. Witness Information (Name of witness not required on this report.)
  - J. Other personnel interviewed (Name of other employee not required on this report!)
  - K. Based on the evidence and employee interviews, discuss findings and conclusion(s) about incident
  - L. Document Corrective Action/s
- F. Action Item Form (*Attachment 6*) - The Action Item Form will be prepared by the Chair as information is obtained on an action item becomes available. An action item will be discussed at the monthly SAT meeting until the action item is closed out.

The following information will be included on the Property Damage Form:

- A. Owner of Action Item
- B. Date action item Opened
- C. Occupation of Owner
- D. Target Completion Date
- E. Department of Owner
- F. Corrective Action Title

G. Corrective Action Description

H. Recommendations

I. Completion Date

J. Signature of Owner

G. Record Keeping - All records required by these procedures will be the maintained by the Chair in the Employee Services departmental files.

**RESERVATION OF AUTHORITY:**

The Office of Employee Services is responsible for developing, implementing and updating policies and procedures supporting employment standards, programs and benefits as delegated by the Lake County Board of County Commissioners and the County Manager. The authority to issue and/or revise this procedure is reserved for the County Manager.

Approved By: Cindy Hall, County Manager

Date: 2/10/06

**Attachment 1**

**SAFETY ACTION TEAM**

*Lake County Board of County Commissioners*

**Agenda**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

- 1) Review of [previous month's] SAT Minutes.
- 2) Review of [previous month's] Injury/Illness Investigation Forms
- 3) Review of [previous month's] Property Damage Investigation Forms
- 4) Review of Action Items
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- 5) Topics for Discussion
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- 6) Set date of next meeting:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_



## Member Sign In Sheet

[illegible]

## Meeting Minutes

Time: \_\_\_\_\_

[illegible]

- Distributed minutes from [previous month]
- \_\_\_\_\_
- \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

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**Action Item Status:**

- \_\_\_\_\_
- \_\_\_\_\_

**New Business**

- \_\_\_\_\_
- \_\_\_\_\_

**Discussions Summary:**

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**Action Item Status:**

- \_\_\_\_\_
- \_\_\_\_\_

Next meeting scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Meeting adjourned: Time: \_\_\_\_\_

Respectfully submitted by \_\_\_\_\_ Employee Services.

cc: County Manager  
All Department Directors  
Webmaster

**Attachment 4**

**SAFETY ACTION TEAM**

*Lake County Board of County Commissioners*

**Injury/Illness Investigation Form**

***Section 1 - First Report of Injury***

*(Information in this section obtained from First Report of Injury/Illness & Injury/Illness Reports.)*

Date of Incident:	Time of Incident:
Occupation:	Date First Reported:
Department:	Sex:
Place of Incident:	
Injury/Illness that Occurred:	
Part of Body Affected:	
Employee Statements:	
Witness Statements:	
Supervisor Investigation:	

***Section 2 – Incident Investigation***

Person conducting investigation:	Date Investigation completed:
Describe the incident scene (location, condition etc):	
List any equipment involved in the incident:	
Describe the type of work the employee was performing:	
List any procedures used to performed the job:	
Other Information/Comments:	
Employee Interview:	

<b>Witness Information:</b>			
<b>Other personnel interviewed:</b>			
<b>Based on the evidence and employee interviews, root cause, discuss findings and conclusion(s) about incident:</b>			
Note: Attach any field notes, photographs, or other documents to the final copy of this report.			
<b>Section 3 – Corrective Action</b> <i>(Fill out an Action Item Form for each action item and forward it to the owner of the action item.)</i>			
	<b>Corrective Actions:</b>	<b>Action Item Sent To Phone # Target Completion Date</b>	<b>Date Completed:</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

**Attachment 5**

**SAFETY ACTION TEAM**

*Lake County Board of County Commissioners*

**Property Damage Investigation Form**

***Section 1 - First Report of Injury***

*(Information in this section obtained from First Report of Injury/Illness & Injury/Illness Reports.)*

Date of Incident:	Time of Incident:
Job Title:	Date & Time of investigation:
Department:	
Specific Location of Incident:	
Type of Damage:	
Employee Statements:	
Witness Statements:	
Supervisor Investigation:	
Supervisor Corrective Action:	

***Section 2 – Incident Investigation***

Person conducting investigation:	Date Investigation completed:
Describe the incident scene (location, condition etc):	
List any equipment involved in the incident:	
Describe the type of work the employee was performing:	
List any procedures used to performed the job:	
Other Information/Comments:	
Employee Interview:	

<b>Witness Information:</b>			
<b>Other personnel interviewed:</b>			
<b>Based on the evidence and employee interviews, root cause, discuss findings and conclusion(s) about incident:</b>			
Note: Attach any field notes, photographs, or other documents to the final copy of this report.			
<b>Section 3 – Corrective Action</b> <i>(Fill out an Action Item Form for each action item and forward it to the owner of the action item.)</i>			
	<b>Corrective Actions:</b>	<b>Action Item Sent To Phone # Target Completion Date</b>	<b>Date Completed:</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

**Attachment 6**

**SAFETY ACTION TEAM**

*Lake County Board of County Commissioners*

**Action Item Form**

<b><i>Section 1 – Action Item</i></b>		
Action Item Sent To:	Assigned To:	Date Opened:
Occupation:	Target Completion Date:	
Department:		
Corrective Action Title:		
Corrective Action Description:		
Recommendations:		
Completion Date:	Signature of Performer:	
<b><i>Section 2 – Funding &amp; Approvals</i></b>		
<b>Funding</b> (If required.)	<b>Approvals</b> (If required.)	
Source:	County Manager _____	
Account Identification:	Director/Manager _____	
	Supervisor _____	

*Upon completion of this form please return the original to Employee Services.*

*Revised 1/10/2006*